Ontario

Premier's Council on
Health Strategy

LOCAL DECISION MAKING FOR: HEALTH AND SOCIAL SERVICES

REPORT OF THE INTEGRATION AND COORDINATION COMMITTEE

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Peg Folsom, Chair

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Premier's Council on
Health Strategy

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March 1991

The Honourable Bob Rae
Premier of Ontario
Queen's Park
Toronto, Ontario

Dear Premier Rae,

The attached document summarizes the work which the Integration and Coordination Committee of the Premier's Council on Health Strategy has been doing for the past two years.

We are recommending that responsibility for planning and delivering health and social services be devolved from the provincial to the local level. The intent of our recommendations is to create greater opportunity for people to participate in making decisions about the services they need in their communities, to make services more coordinated and responsive for those who use them, to make the system more efficient and to make its costs more predictable.

Our report reflects an extensive process of information gathering and analysis, including literature reviews, examinations of other jurisdictions, and consultation with experts and stakeholders.

The issues we looked at were complex, and our research revealed considerable diversity of opinion about possible approaches to the problems we identified. We believe, however, that to improve access to needed services, a major re-ordering of the system is required. We believe that it would be inadequate simply to re-arrange the elements of a system which is not responsive enough to individual and community needs. We propose instead a re-alignment of responsibility for the planning and delivery of services so that, first, an array of services can be designed in each community to meet the specific needs of the people living there and, second, so that services can respond better to the needs of community members, particularly those vulnerable minorities whose perspectives have not been sufficiently included in decision making.

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We know that our report raises significant implementation issues which will have to be addressed. If our recommendations are accepted, substantial effort and commitment will be needed to implement them, and major changes will be required of individuals, organizations and communities. We do believe strongly, however, that our recommendations will significantly benefit users of services and that the effort involved in implementing them is worth expending.

The committee knows that its recommendations do not constitute a panacea for all the problems people encounter when they use the health and social services system. We do believe, however, that if these recommendations are implemented, there will be significant improvements in the health and social services delivery system. We have been as specific as possible about the intended effects of our recommendations, and we have tried to build on the many strengths of the current system. To put a complex set of strategies and recommendations into simple and succinct terms: Our major focus is the person who needs service. The degree to which our recommendations make it easier for Ontario's citizens to obtain the services they require in a way that responds to community and individual needs will measure the success of these recommendations.

Respectfully submitted,

Peg Folsom, Chair

Helen Cooper
Fred Griffith
Bob Hiscock
Ron Luciano
Naomi Rae Grant

ACKNOWLEDGEMENTS

The Integration and Coordination Committee would like to extend its appreciation to all those who participated in the preparation of this document. Many people shared their time and their ideas with the committee and the report is enriched by their contribution.

The committee would like to acknowlege those who contributed so much by serving as ex officio committee members. They are: Naomi Alboim, Ministry of Labour; Ola Berg, Ministry of Community and Social Services; Arthur Gladstone, Ministry of Labour; Brian Goodman, Ministry of Colleges and Universities; David Hoff, Ministry of Health; Morris Huff, Ministry of Agriculture and Food; Elaine Hykawy, Ministry of Colleges and Universities; Sandy Lang, Ministry of Community and Social Services; Patrick Laverty, joint liaison for the Ministries of Health and Community and Social Services; Patricia Main, District Health Councils of Ontario.

The committee also thanks all those who assisted its work by providing information and reactions to draft reports. Sincere appreciation is expressed to those who attended the committee's round-table discussion, expert seminar, and focus groups for their time and ideas. The report owes much to their contributions.

Special appreciation is owed to staff of the Council, notably: Terry Sullivan, Terry Bissett, Jane Fitzgerald, Kayla Estrin, Marie Saldanha and Cathy Oosterhuis.

The committee also acknowleges the contribution of the consultants who provided it with background reports: Peat Marwick Stevenson Kellogg, and Raisa Deber of the University of Toronto. A list of background reports provided to the committee is appended to this report.

Finally, the committee would like to thank Philippa McKen, who helped the committee turn its research and ideas into the report that follows.

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1 INTRODUCTION

This report presents the findings and recommendations of the Integration and Coordination Committee of the Premier's Council on Health Strategy.

The report first describes the mandate of the committee, the principles and values the committee brought to its work, the problems it identified and the alternatives it proposes. It describes the work that preceded the development of recommendations, including literature reviews, analysis of experience in other jurisdictions and Ontario, and consultation with knowledgeable sources.

The committee highlights many of the implementation issues implied by the significant directions being proposed in the report. It does not presume to solve these issues but notes that certain conditions will need to be in place before the report's recommendations can be fully implemented. The committee has deliberately chosen a non-prescriptive approach that leaves optional courses of action open to the provincial government. It recognizes that the Province is currently considering a number of related issues, such as the role of municipal governments and tax reform.

II THE COMMITTEE'S MANDATE

The committee was asked to:

- identify integration and coordination issues;
- recommend ways of improving integration and coordination;
- recommend ways to empower individuals, families and communities to gain better control over their health;
- set out short term action and ways for Council to improve integration of policies, programs, and services.

The committee's terms of reference appear in full as Appendix 1 of this report.

The committee's approach to its task was:

- to identify values and principles of integration and coordination which would enable the identification of integration and coordination problems in the system;
- to identify criteria by which the potential success of strategies or recommendations can be measured;
- to identify the problems in the system caused by lack of integration and coordination;
- to make recommendations about strategies concerning resolution of these problems which would respond to the question: "What changes would make services more responsive to the needs of the people and communities using them?"

1. THE COMMITTEE'S VALUES AND PRINCIPLES

The committee's principles were approved by Council in December of 1989. These principles take people, not structure, as their point of departure. The committee's recommendations concerning issues like system organization and assignment of responsibilities are made with the goal of helping people to get appropriate and high quality services. The principles have three foci: a people focus; a service focus; and a provincial government focus.

In summarized form, the principles state:

In examining the system, the focus must be on the needs of people as whole persons.

Services must be developed to meet these needs.

The provincial role must be to support people in meeting their needs.

The committee's principles appear in full as Appendix 2 of this report.

To develop its principles, the committee started with its own value base, which came from the varied experience of members, the mandate of the Council and several significant publications such as the Graham report, *Building Community Support for People: A Plan for Mental Health in Ontario,* and *From Vision to Action*, the report of the Council's Health Care System Committee. The committee also recognized the need for additional factual information that would assist it in developing its principles, in developing criteria by which optional courses of action could be judged, in identifying system problems and in developing recommendations to address those problems.

The committee first commissioned two literature reviews on the coordination and integration of health policies, programs and services. These were conducted by Raisa Deber of the University of Toronto's Faculty of Health Administration.

Committee members also interviewed key informants and, in the autumn of 1989, held an expert seminar where participants provided information about experiences in other jurisdictions. These included devolved community resource boards in British Columbia, and integration and coordination models in Manitoba and Quebec.

Finally, the committee brought to its deliberations an awareness of related major Ontario initiatives. These include: the enhanced role of District Health Councils; Long Term Care Reform; the Provincial-Municipal Social Services Review; Comprehensive Health Organizations; county government restructuring and the Health/Social Services Organization Project.

2. CRITERIA FOR PROBLEM SOLVING

After establishing its principles and receiving extensive information from a variety of sources, the committee decided to concentrate on finding solutions that would address the following broad purposes:

- engage local people in decision making;
- reduce barriers to service;
- increase the system's efficiency and cost predictability.

It was also necessary for the committee to set boundaries on its task. Although all human services make a contribution to the well-being of people, it was recognized that to coordinate everything would not be a feasible goal. The committee saw the integration and coordination of the services provided by the Ministry of Health and the Ministry of Community and Social Services (which comprise 51% of the provincial budget) as a logical yet challenging portion of the entire human services spectrum. It was deemed particularly important to coordinate health and social services because they are frequently so related it can be difficult to distinguish between a health need and a social service need. This has resulted in overlapping mandates and in service duplication between these two ministries, to the detriment of those who need assistance.

3. PROBLEMS AND ISSUES IDENTIFIED

In its information gathering, the committee identified several major problems in the way that health and social services are provided.

First, the current system does not deal with the whole person based on his or her unique combination of needs but by providing specific and sometimes unrelated solutions for the many problems people experience.

This is most evident for the person who requires a combination of services. For example, a developmentally delayed person with mental health problems who needs income maintenance, supportive housing and counselling will probably have to deal with three provincial ministries as well as the local municipality. The more complex the needs of an individual, the more complex will he or she find the system intended to meet those needs.

Second, another concern identified by the committee is the tendency for inappropriate provincial decisions about services to be imposed on communities.

In addition, decisions about health and social services are usually made by relatively few people, with little chance for participation by those whom decisions affect. This holds true for all members of society but has particular impact on the most vulnerable and least vocal members, who have the least opportunity to contribute to decisions affecting their lives. This includes those isolated by cultural or linguistic differences and those whose physical or mental condition makes participation difficult for them.

Finally, overlaying these issues is the committee's concern about rising health care expenditures. To illustrate the increase, it is sufficient to note that in 1989-90 health care spending represented one-third of the provincial budget, whereas a decade earlier it represented only one-quarter. While the overall health status of Ontario's citizens has improved over time, this is not commonly attributed to increased provision of clinical medical services.

4. DEVELOPING STRATEGIES

The problems identified in the preceding section will not surprise those acquainted with Ontario's health and social services system. Much more challenging than problem identification is the task of developing solutions.

a. Options for Action

The committee identified a need for action on three levels.

First, links at the provincial or corporate level are needed between the Ministries of Health and Community and Social Services. The British Columbia experience with Community Resource Boards showed the importance of corporate integration to the success of a devolved model. The document, *Local Accountability and the Integration of Health and Social Services: The B.C. Experience* (Patrick Johnston) states that the failure of this experiment was caused at least in part by the lack of an integrated corporate structure. An example of integration occurring at the provincial or corporate level is Ontario's Long Term Care Reform Strategy.

Second, at a regional level there must be planning and coordination of services so that needs of communities are met. There is also a need for inter-regional planning so that costly resources can be shared. An example of coordination at the regional level is found in the district health council model.

Third, local agencies must ensure that services to individuals are either integrated or smoothly coordinated for the benefit of those using the service. Gateway approaches to service delivery exemplify this level of coordination.

b. Priorities for Action

The committee decided to focus on **regional service coordination** in the belief that this was the level where it could make the greatest contribution.

It then began the task of identifying means of regional coordination that would be effective in meeting people's needs.

Its work to this point led the committee to believe strongly that in order to increase responsiveness to local needs, a shift of authority from the provincial level to a more local level must occur.

Such a shift begins with decentralization of provincial services. Two committee recommendations are on record which address this issue; these were presented to Council and accepted in December 1989. They read:

The government should work towards provincial models of decentralized service delivery in health and social services.

The government should consider the integration of major elements of the Ministries of Health and Community and Social Services.

c. Devolution of Authority

It is important to distinguish between decentralization and devolution. Decentralization refers to a process which physically locates services locally while retaining authority for their provision centrally. With devolution, in contrast, responsibility for planning, coordinating and delivering service is transferred to a local authority.

The committee's research led to the conclusion that simple administrative decentralization of provincial functions would not be sufficient to ensure local decision making. On the understanding that change at the community level must be preceded by restructuring at the corporate or provincial level, the committee began to consider devolution of provincial responsibilities to the regional level as a way to improve service coordination and access in Ontario.

Its initial research had made the committee aware of the complexities involved in transferring authority to the local level. It therefore identified the need for information on experience with devolution in other jurisdictions. The committee needed to determine, for example:

- What are the most effective means of devolution?
- How does devolution affect cost effectiveness of service delivery?
- What problems does devolution address and what problems does it leave untouched?
- Has devolution succeeded in involving local people in decision making?
- Has devolution made services more responsive to those using them?
- What are the conditions and contra indications for successful devolution?

The firm of Peat Marwick Stevenson Kellogg was asked to investigate models of devolution in Ontario and other jurisdictions and to address itself to these questions. This background report is available upon request.

The firm studied existing and proposed devolved models, looking at four provinces (Quebec, Alberta, Nova Scotia, Saskatchewan) and six countries (the United Kingdom, Norway, Sweden, Australia, New Zealand, and Indian Services in the United States).

The following emerged as key findings:

- There are no simple answers about the benefits of devolution. Experience differs from place to place depending on local circumstances.
- It appears that there are no examples of devolved models which have clearly stated and carefully measured performance objectives.
- Despite the scarcity of data, accumulated evidence suggests that devolution is one way to get local people more actively engaged in planning the services they use. There are also some indications that it may improve the cost efficiency of service delivery.
- Experience indicates that structures in and of themselves are less important in predicting success than the people managing them.

Following its review of the consultant's report, the committee then developed criteria for evaluating options or models before it. These were:

- Does the option or model satisfy the committee's principles?
- Does the model address the integration and coordination problems the committee has identified?
- Does the model address the major system issues identified by the committee?
- Is the model practical?
- Does it build on the system's existing strengths?

To ensure that its recommendations would reflect the varied realities of this large province, the committee consulted with some Ontario communities about the models. In the summer of 1990 focus group meetings were sponsored in North York, Timmins, Brantford and Cornwall.

Those attending gave valuable suggestions which were incorporated into the committee's thinking. They confirmed its belief that restructuring of the two ministries at the provincial level should precede local change. Participants also suggested that Ontario needs more than one model to accommodate variations in local government structure, current service availability, and the presence or absence of local advisory bodies. This suggestion must be most carefully considered in Northern Ontario, where regional or upper tier government structure does not exist except in Sudbury, and where factors such as distance

FIGURE 1
LOCAL GOVERNMENT MODEL

and sparse population add particular challenges to the tasks of service planning, service delivery and coordination.

Participants requested that changes be made slowly and carefully and that there be an interim phase during which integrated provincial structures were administratively decentralized to the local level.

Those attending focus group meetings noted the importance of carefully coordinating the provincial initiatives currently underway, citing as examples Long Term Care Reform and the Provincial Municipal Social Services Review.

Following the focus group consultations, and based on the suggestions of participants, the committee decided to limit the options to be discussed to two models, one accountable to local government, the other a special purpose body. These two models are shown as Figure 1 and Figure 2.

d. The Two Models

The Local Government Model

This model makes local government accountable for planning and allocating resources for health and social services, and for coordination and delivery of these services in the geographic area over which it has jurisdiction. Responsibility for these functions would be assumed by a regional body located at the upper tier of local government. This body would function as a committee of the municipal council and would report to that council's executive committee.

The Special Purpose Body Model

In this approach, a special purpose body is created. This regional organization, composed of either directly elected or appointed members or a combination, would have the same responsibilities as the local government model. Providers and consumers could serve as members with other community residents.

e. Similarities of the Models

There are many similarities between the two models. Each would assume the identical responsibilities of planning and coordinating services and allocating funding to the agencies and organizations within its geographic jurisdiction. Sources of funding would remain unchanged, which means that the Province would remain the primary funding source and that no direct taxation by regional bodies would occur.

In both the local government and special purpose body models, existing planning organizations would be incorporated into the structure. Local authority would be limited only by provincial standards, funding, and applicable federal and provincial legislation.

In both models, because the governing body is located in the area over which it has jurisdiction, it has the potential of greater responsiveness to local needs and the inclusion of vulnerable groups in decision making. Finally, whichever model is selected, the following responsibilities would be retained at the provincial level: funding; legislation; policy formulation; standards setting.

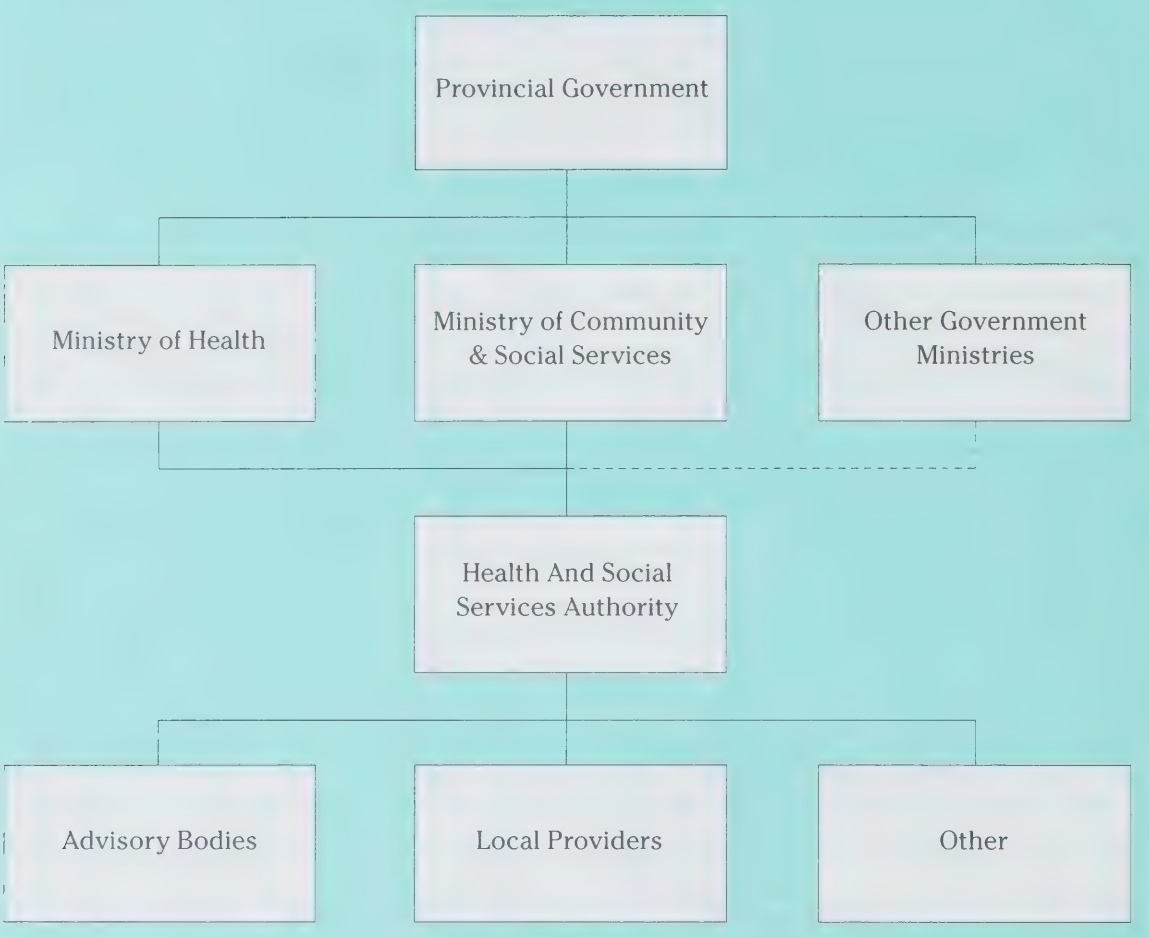
f. Advantages and Disadvantages of the Local Government Model

The local government model offers a number of advantages.

It offers the potential of using an existing structure, that is, regional or upper tier government, where these exist. Many regional governments have considerable experience in the provision of human services, and this approach utilizes their expertise.

This approach also provides clear accountability to the community through direct election. In addition, it has the potential to coordinate devolved services with those services already being provided at the municipal level (e.g., recreation, social housing, sanitation, water supply), all of which are important determinants of health.

FIGURE 2
PROPOSED SPECIAL PURPOSE BODY MODEL



The local government model is also compatible with the current trend towards strengthening local government.

There are also some disadvantages associated with this model.

First, while many regional governments, as noted earlier, have considerable experience in providing health and social services, this is not true for all local governments. Many county governments, for example, have had little experience in planning and providing health and social services.

Another disadvantage to the local government model is that it requires substantial adaptation in areas where there is no regional government structure (e.g., in most of Northern Ontario and in separated cities and towns). In addition, local governments may resist the expectation that they assume more responsibilities, fearing that the Province is attempting to absolve itself of funding responsibility.

A final point to note is that there are discussions underway between the Province and municipalities regarding their respective roles. Decisions about the appropriateness of the local government model need to be made in the context of those broader discussions.

g. Advantages and Disadvantages of the Special Purpose Body Model

The special purpose body approach also offers a number of advantages. First, it can build on the expertise of existing special purpose bodies like district health councils in, for example, the selection of geographic boundaries, while not necessarily being constrained by current practice.

Second, it offers three options for accountability: *provincial appointments*, an approach which retains more control for the Province than is feasible with the local government model; *direct election*, which provides the same community accountability as the local government model; and a *combination of elected and appointed* members.

As with the local government model, there are certain disadvantages associated with the special purpose body approach.

Without direct election there is less obvious clear accountability to the community than with the local government model. In addition, opportunities for creating linkages with related municipal services are less apparent. There is also likely to be resistance by local government and other stakeholders to the formation of another special purpose body.

h. Assessing Devolution

The committee agreed that in looking at devolution as a strategy for improving service delivery it should ask the advice of those who provide, plan, fund and manage services. Some 40 individuals were invited to a day-long round-table discussion. They were asked to consider the background report written by the consultants and to provide comments on the proposed models and their potential to address problems of service coordination and access.

This day resulted in an animated and far-ranging discussion. The issues which received the most attention were:

- Will devolution improve access to health and social services?
- Will devolution help to engage local people in decision making?
- Will funds be used more effectively and will costs become more predictable?

Contributions of participants were helpful to the committee in its task of formulating conclusions and recommendations.

III THE COMMITTEE'S CONCLUSIONS

The committee feels it is important to preface its conclusions with this proviso: The subject of devolution is characterized by widely varying views. The issue is discussed with a mixture of fact and rhetoric that is highly driven by individual values. In other words, people feel strongly about the concept, whether for or against.

Given this caveat, the following points summarize the committee's conclusions resulting from extensive research and deliberations:

The committee believes that devolution can make services more responsive to community need. This requires building on strengths in local communities and building community structures to assume the added responsibilities of devolution.

The committee believes that devolution can be a way of giving users of services, particularly the most vulnerable and least vocal, a say in how services are planned and delivered.

It is clear even at this point that not everyone will be in favour of the concept of devolved responsibilities. The Province will face strong and well-organized opposition. However, it should be noted that no major initiative is without its opponents, and the committee feels that its recommendations offer enough potential benefits to outweigh the opposition that can be expected.

A number of implementation issues will require careful consideration.

The following section expands on the above four conclusions.

1. DEVOLUTION AND RESPONSIVENESS TO COMMUNITY NEEDS.

Experience has shown that Ontario's size and the immense variety of people and circumstances it encompasses have often resulted in the imposition of provincial decisions which do not respond to the needs of local communities.

Owing to their proximity to the people they serve, regional bodies have more potential to respond appropriately to the needs of local communities than do central governments. This point may seem trivial to those to whom provincial decision-making structures are easily accessible; those in other parts of the province, however, will relate strongly to the issue of inappropriate and distant decision making.

2. ENSURING A VOICE TO VULNERABLE GROUPS

Society is increasingly questioning the validity of a system where decisions intended to be in the best interests of all are made by an elite few. The question which now challenges us is: How can those who have not had the opportunity to contribute to decisions affecting their lives, particularly the most vulnerable members of society, be empowered to do so? What mechanisms facilitate participation in decision making? What skills, knowledge and information do people require to participate effectively and responsibly?

The committee believes that regional bodies have the potential to ensure a voice in decision making to vulnerable groups for the same reason that they have the potential to respond to community need: proximity. In neither respect have the efforts of local governments been entirely successful; strong leadership from the Province will be needed. This is discussed further in the section on implementation issues.

3. REACTION TO THE COMMITTEE'S PROPOSALS

The committee is aware that a simple consensus will not be easily reached on the complex issues raised in this document. Some people feel that without hard data there should be no move to decentralization and devolution. After immersing itself in both fact and opinion for the past year and a half, however, the committee believes strongly that the final decision must be based on both data and values. Data are important to understanding the most cost-

effective ways to improve health and social outcomes, but there are no data that can measure the intrinsic value of local people controlling the local resources which so significantly affect their lives.

The committee's expectation is that the merits of its recommendations will be weighed against potential criticism, and that decisions will be made on that basis. In the short term it is important to remember that the committee is not recommending a move away from a perfect system. Rather, it is suggesting a rearrangement of the many positive aspects of what now exists so that the needs of those using the system are better met. This will result in a sharing of power and control that will allow the system to reflect society more broadly.

4. IMPLEMENTATION ISSUES

Devolution on this scale is undoubtedly a radical departure for Ontario. It should be noted, however, that at the time of writing, a model of devolved authority has been announced and implementation planning is underway in the Province of Quebec. In addition, five of the six major provincial commissions that recently enquired into the provision of health services in their provinces recommended devolution as a response to the systemic problems this report identifies in Ontario. It is also noteworthy that in most European countries, responsibility for planning and delivery of health and social services is most often at the regional or local level. The committee feels, therefore, that the move to devolution is feasible and that there will be experience on which to build.

Some of the implementation issues which need to be addressed are:

a. Equity and Standards

Devolution raises fears about inequities between regions. It should be emphasized, of course, that the current distribution of service is fraught with the inequities that stem from the geography, the history, and the social values of particular regions. We live, as noted earlier, in a province where variety is constant. The urban lifestyle in southern Ontario, for example, contrasts with the more traditional lifestyle found in small communities in the north, and these differences create different needs for health and social services. The committee believes that devolution has the potential of improving equity in health status for all communities, a goal best attained by each community determining and creating the mix of service appropriate to its unique needs.

b. Provincial Responsibilities

Concern has been expressed that quality and levels of service will decrease with diminished provincial involvement. As well, it is feared that provincial funding will be reduced over time. This fear has been heightened by a current net reduction in federal financial support of health, education and social service programs.

The Province will have to address these concerns. For example, it will have to provide regional bodies with broad standards for service provision. A core of health and social services must be required of all communities, although the specific mix or balance of services may differ. The more precise the Province is in its expectations, however, the more it infringes on the ability of local communities to make decisions based on local circumstances. The balance between provincial standards and local autonomy will have to be negotiated during the implementation stage. It is important to note, however, that owing to its constitutional responsibilities, the Province cannot, in fact, legally divest itself of responsibility for the provision of health and social services.

c. Maintaining Standards

The Province will need to develop a way of ensuring that regional bodies adhere to broad provincial standards. Most compatible with

the twin goals of provincial standards and local autonomy would be a system that emphasizes results rather than process. Results to be attained are twofold: greater equity in regional distribution of resources and greater equity in the health status of Ontario residents.

d. Ensuring Vulnerable Groups a Voice in Decision Making

Because this issue has emerged at each stage of its work, the committee believes that each regional body should be required to create a mechanism that ensures a voice to vulnerable groups. Despite sincere effort and some successes, the Province has fallen short in this area, with its performance tending to be perceived as paternalistic rather than participatory. The committee believes that regional bodies can be more effective than the Province has been in creating opportunities for participation. The Province will need to support the work of regional bodies on this important issue by, for example, providing provincial legislation and standards, and comprehensive advocacy mechanisms.

e. Human Resource Issues

The impact of system re-organization on those working in the system will have to be carefully considered in the implementation strategy. The potential impact of geographic relocation on staff, for example, is a major issue. It should also be noted that the need for various types of professional or technical expertise may change in a devolved model, and this will have to be considered both in the provincial and the local planning process.

f. Funding

A funding formula should build towards regional equity in resource allocation and towards improved equity in the health status of Ontario's citizens. The committee is suggesting a system of regional envelopes. In such a system each geographic area within the jurisdiction of a regional body would be provided with a block sum, with the amount based on at least the following factors: population; health and social needs indicators; local costs; and community resources available at that time.

The literature describes a variety of allocation formulae and more are under development. The English Regional Allocation Working Parties have lessons for Ontario and, closer to home, a capitation formula has been developed in Fort Frances for use by that area's Comprehensive Health Organization.

A funding formula acceptable to this committee would have the following features:

It would offer incentives for regional bodies to identify and implement more cost-efficient ways of providing services.

It would also offer incentives for regional bodies to develop alternatives to institutional care.

The amount allocated to each region would be needs based. This means that it would be based on the measurement of objective needs indicators, not simply current demand or utilization rates. This suggestion is in keeping with the recommendations of the Council's document *From Vision to Action*.

The formula would encourage regional bodies to direct financial resources to those programs where they will be most effective.

There would be incentives for cost-effective use of human resources insofar as such economies are consistent with achieving optimal health outcomes.

Within the constraints of applicable federal and provincial legislation and standards, funds would be devolved by the Province in a block, rather than in program or functional envelopes.

All health and social services, including those services provided by physicians, would be included in the regional allocation.

The Province would retain funding and administrative responsibility for certain specialized functions, such as quaternary and tertiary care. It would also be responsible for improving equity among regions.

The Committee's Recommendations are Prefaced with the Following General Points:

A balance must be struck between the provincial control exerted to ensure some uniformity in service availability and accessibility and the ability of regional bodies to make and implement locally responsive decisions.

As noted earlier, changes in the current funding system will create fears, which must be allayed, that the Province plans to reduce its support of health and social services and to increase the tax burden on municipalities.

It is possible that devolution may create situations where regional bodies, frustrated by competing demands and finite resources, blame the Province for their difficulties and look for a provincial solution.

It is likely that there will be added short-term costs of devolution because of the need for a regional infrastructure. The longer term payoff expected, however, is a better rationalized and more cost-effective service system.

The changes being recommended are major, and experience elsewhere makes it clear that implementation will not be a simple matter. It is certain, for example, that there will be opposition from a variety of vested interests. Ongoing commitment to devolution by those implementing the strategy will be key to its success.

Implementation of the changes being proposed will not occur overnight. Major structural change of the type proposed is more likely to occur over a period of between five and ten years.

IV THE COMMITTEE'S RECOMMENDATIONS

As an extension of the recommendations regarding decentralization which the Council approved in December 1989, the committee is recommending the following:

RECOMMENDATION ONE

The provincial government should work towards devolving responsibility for the provision of health and social services while retaining responsibility for funding, legislation, policy and standards. Devolved responsibilities include: budgetary allocation; service management; service planning; service coordination; service monitoring and evaluation. Devolution would be to either of two models, one accountable to local government, the other a special purpose body.

RECOMMENDATION TWO

Devolution should be phased. It should be preceded by certain pre-conditions. These are: corporate integration of the Ministries of Health and Community and Social Services; provincial decentralization of Ministry of Health functions; community readiness to assume devolved responsibilities; means of including vulnerable groups in decision making.

RECOMMENDATION THREE

Both the local government model and the special purpose body model should be implemented and evaluated in various locations in the province. The model of devolution to be used in a given region should depend on local need, local conditions and local preference.

V LOOKING TO THE FUTURE

The preceding recommendations are intended to create a system that allows people to receive the health and social services they need in a coordinated manner based on needs rather than on rigid service categories. The system envisioned would be more responsive to the needs of individuals, and local circumstances would determine how services are provided in a given geographic area. Finally, and perhaps most importantly, the system would provide opportunities for community participation, both in the ways that are now available (such as membership on agency boards of directors), and in new ways specifically intended to include society's most vulnerable members in decision making.

APPENDIX 1
TERMS OF REFERENCE FOR THE INTEGRATION AND COORDINATION COMMITTEE

Identify the key issues in developing a coordinated approach to resource allocation to support health.

Recommend optional frameworks for achieving improved integration and coordination.

Recommend ways in which Council can assist in empowering individuals, families and communities to gain greater control over their own health.

Set out short-term action which can be undertaken by Council to accomplish visible results in improving policy, programs and service integration and coordination.

Recommend ways in which Council can act as a catalyst in achieving integration and coordination of policies, programs and services that support health.

APPENDIX 2
THE COMMITTEE'S PRINCIPLES

PEOPLE FOCUS

People will be considered as whole people, not as a series of parts.

People will be viewed in the context of their families and communities.

People's needs will determine service responses.

People will have every opportunity for well-informed choice.

The best health outcomes for people will be the determining factor in developing the appropriate bureaucratic, professional and agency boundaries.

In examining the system, the focus must be on the needs of people as whole persons.

Services must be developed to meet these needs.

The provincial role must be to support people in meeting their needs.

SERVICE FOCUS

A range of services will be organized and delivered in ways which respond to people as whole people, not as a series of separate mandates responding only to parts of the whole.

Services will:

- be accessible
- be appropriate
- be flexible
- have continuity
- be comprehensive

Services will be organized and delivered to be responsible to the social context in which people live.

Services will be organized and provided to be responsive to people's needs and minimize the requirement for people to navigate the system.

Those who plan, provide and govern services will participate in a dynamic partnership with consumers in which responsibility is shared.

Services will recognize the value of different and complementary contributions of those involved in service provision.

PROVINCIAL GOVERNMENT FOCUS

The provincial government will be organized to support a delivery system which responds to people as whole persons and organized to provide consistent funding, standards and policies.

The Province will support the development of a delivery system which empowers communities to participate in the planning and management of their own services.

The Province will support the development of a delivery system which simplifies access to appropriate services, reduces confusion among service providers and minimizes complexity.

The Province will support the development of a delivery system which incorporates consumer participation in decision making through well informed choice.

The Province will develop policies, legislation, and education programs which promote a focus on whole people as the core of service delivery.

APPENDIX 3
DOCUMENTS PROVIDED TO THE INTEGRATION AND COORDINATION COMMITTEE

Bringing Health and Social Services Together in the Community, Peat Marwick Stevenson and Kellogg

Coordination and Integration of Health Policies, Programs and Services, Annotated Literature Review, Volume I, Raisa Deber, Kent Rondeau, University of Toronto, Department of Health Administration

Coordination and Integration of Health Policies, Programs and Services, Annotated Literature Review, Volume II, Raisa Deber, Kent Rondeau, University of Toronto, Department of Health Administration

Community Services Study, Price Waterhouse*

Funding and Incentives Study, Stevenson, Kellogg, Ernst and Whinney*

Local Accountability and the Integration of Health and Social Services: The B.C. Experience, Patrick Johnston

* Note: These documents were prepared for the use of both the Health Care System Committee and the Integration and Coordination Committee.

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